

Kansas Department of Agriculture  
Records Center - Food Safety and Lodging  
109 SW 9<sup>th</sup> Street  
Topeka, KS 66612  
785-296-7430

**APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE**

(Restaurant, School Cafeteria, Senior Meal Site, Satellite School Cafeteria, Satellite Senior Meal Site)

Pursuant to the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq., a food service establishment shall be licensed by the Kansas Department of Agriculture. If there are multiple individual businesses with different owners within your facility, each requires an individual license. Failure to register could result in regulatory action. This license is valid from January 1 through December 31st.

**A separate application should be completed for each licensed location.  
LICENSE FEE and APPLICATION FEE ARE REQUIRED.**

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Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Establishment Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

**YOU MUST COMPLETE THE APPROPRIATE SECTION ON THE BACK OF THIS FORM.**

If your business operation is a Restaurant complete Section A; School Cafeteria complete Section B; Satellite School Cafeteria complete Section C; Senior Meal Site complete Section D; Satellite Senior Meal Site complete Section E; Caterer complete Section F; Mobile Food Vendor complete Section G.

**OWNERSHIP INFORMATION**

Legal Owner Name: \_\_\_\_\_

Type of ownership: ☐ Individual/Sole Proprietor ☐ Partnership ☐ LLP or LP ☐ Corporation ☐ LLC

Federal Tax ID #: \_\_\_\_\_ or Sole Proprietor Social Security #: \_\_\_\_\_

Mailing Address (if different from above address)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of owner, officer or other agent Date

\_\_\_\_\_  
Typed/printed name of signer Title\*

*\*Your title should correspond to the type of ownership. For example if you are an individual your title may be "owner"; if it is a corporation your title should reflect the office you hold in the corporation such as "president", "treasurer", etc.*

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Inspector ID # \_\_\_\_\_

Inspection Date \_\_\_\_\_

Previous Establishment Name: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

If you have questions concerning the type of license you need, please call the Kansas Department of Agriculture at 785-296-7430.

Please check all boxes that apply to the license you need. Please note that all NEW applications require an application fee and a license fee. Send application and fees to:

**Kansas Department of Agriculture**  
**Records Center – Food Safety**  
**109 SW 9<sup>th</sup> St Topeka KS 66612**

**Establishment Name** \_\_\_\_\_

**Federal Tax ID #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

	<u>Application Fee</u>	+	<u>License Fee</u>	=	<u>Total Fee Due</u>
Section A: _____ Restaurant	\$200.00 (RNF)		\$200.00 (RLF)		\$400.00
Section B: _____ School Cafeteria	\$200.00 (FCN)		\$200.00 (FCL)		\$400.00
Section C: _____ Satellite School Cafeteria	\$200.00 (SCN)		\$130.00 (SCL)		\$330.00
Section D: _____ Senior Meal Site	\$200.00 (FMN)		\$200.00 (FML)		\$400.00
Section E: _____ Satellite Meal Site	\$200.00 (SSN)		\$130.00 (SSL)		\$330.00
Section F: _____ Caterer	\$200.00 (RNF)		\$200.00 (RLF)		\$400.00
Section G: _____ Mobile Food Vendor	\$200.00 (RNF)		\$200.00 (RLF)		\$400.00

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**\*\*For Office Use Only\*\***

RNF _____	FCN _____	FMN _____	SSN _____	SCN _____
RLF _____	FCL _____	FML _____	SSL _____	SCL _____
RN_ _____	CN_ _____	FM_ _____	SS_ _____	SN_ _____
RL_ _____	CL_ _____	FL_ _____	SL_ _____	SC_ _____

Check # \_\_\_\_\_

Transaction # \_\_\_\_\_

Total \_\_\_\_\_